Dental Tribune

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Planning a practice transition?
Practice ownership is the major focus for most dentists. ▶ *page 8*

Thinking outside the box
Dental makeovers without resorting to extensive surgical solutions. ▶ *page 10*

We braved chilly Boston …
So you didn't have to! Read all about the Yankee Dental Congress. ▶*page 14*

FDI, FOLA and DTI launch campaign for Haitian dentists

By Javier M. de Pison, Editor in Chief
Dental Tribune Latin America

The president of the Haitian Dental Association, Dr. Samuel Prophet, told Dental Tribune Latin America that he and several colleagues he was able to contact in Port-au-Prince were fine after the devastating earthquake in his country. "So far, we only have reports of two missing dentists," Prophet wrote in an e-mail.

The recent earthquake not only devastated Haiti's meager health resources, but also most dental practices. In a country were there were only 500 dentists for nine million people before Jan. 12, 2010, the extent of the devastation has affected regular people and dental professionals alike.

The president of the Latin American Dental Federation (FOLA), Dr. Adolfo Rodríguez, launched a campaign immediately after the quake to help both the general population and dental professionals in Haiti.

Rodríguez, who is also the president of the Dominican Dental Asso-

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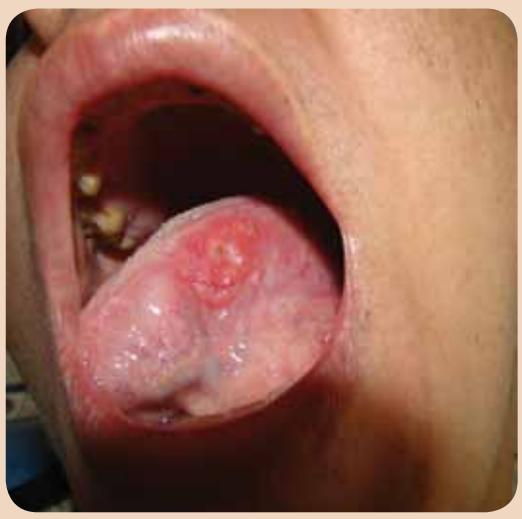
FOLA president Adolfo Rodríguez, center, asks for help for Haiti at a meeting in Panama. Rodríguez is flanked by the president, right, and vice president of the Panama Dental Association.

Diagnose this: oral pathology

If this patient presented in your office, what diagnosis would you make? Test your skills, and expand your overall knowledge via our new oral pathology section written by experts in the field.



→ *See page 5 for the test*

→ *See page 6 for the answer (no skipping to this page first!)*

Signs point to uptick for dental products industry

By Fred Michmershuizen, Online Editor

After one of the worst slumps in decades, the American economy has been showing signs of improvement in recent weeks — and several factors show better days may be ahead for the dental products industry as well.

The gross domestic product, which is considered the broadest measure of economic activity, expanded at an annual rate of 5.7 percent in the fourth quarter of 2009, its biggest jump in more than six years.

The growth followed a 2.2 percent increase the previous quarter.

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ciation (AOP), is asking companies and dental professionals to donate dental instruments, materials and equipment. He is organizing the campaign for Haiti with the help of FDI World Dental Federation and Dental Tribune International.

In addition, Rodríguez is putting together teams of dental volunteers to travel to Haiti once the major health and humanitarian crises are under control, or at least manageable, to attend to the dental needs of the population.

The hub for this effort would be the headquarters of AOP in Santo Domingo.

"We also need to show our support for our colleagues in Haiti, most of whom have lost everything," Rodríguez said. "We need to get them back on their feet by helping them to rebuild their practices."

Lost practices

Prophet said in his e-mail that "many of our colleagues have lost their practices and we were thinking about how to help them. It's very good news to know that FOLA, FDI and Dental Tribune are trying to help Haitian dentists."

If dentists know "that help is on the way, they can have hope." Dental Tribune will publicize this campaign for Haiti in its worldwide print and online editions.

At a meeting in Panama, Rodríguez received the support of the presidents of Central American dental associations, and made an emotional appeal to dental manufacturers to donate much needed supplies.

He said Colgate has already agreed to donate brushes and toothpaste, and that he meet with KaVo in Brazil at the San Paulo International Dental Meeting meeting to ask for donations of new and used dental units.

Rodríguez added that it was moving to witness dental professionals from countries with little resources such as Honduras, Nicaragua and El Salvador say that they will collect funds from their members, secondhand equipment and dental supplies to help their Haitian colleagues.

Some prominent Latin American dental professionals from Brazil, Uruguay and Costa Rica, among others, have already expressed their interest in participating in dental teams to help the most urgent needs of the Haitian population.

Conditions on the ground seem to indicate that these teams would operate in mobile units at the Dominican-Haiti border, once the most pressing health emergencies and needs are somewhat under control.

The reason for this is that most of Port-au-Prince is in ruins, and the Dominican government has moved the majority of its mobile health resources to the border in an effort to treat Haitians, and avoid a migratory exodus.

Rodríguez said that this tragedy "is also an opportunity to build a public health service that includes dental care. We have asked the Pan American Health Organization, FDI, all Latin American dental associations, companies and other institutions for help in putting together teams of dental professionals to travel to Haiti and start working there, and leave in place basic dental treatment centers."

Rodríguez added that this would be a long-term program that includes rebuilding the dental school at the university as well as private practices. It will also take some time to start, and he said that the priorities would be treating children and pregnant women.

Rodríguez also said he has asked for funding from the government of the Dominican Republic.

Companies and dentists interested in helping Haiti should contact Rodríguez at *arn@codetel.net.do* or by phone at (809) 519-0789. DT

Added raisins to cereal doesn't inrease acidity of dental plaque

Elevated dental plaque acid is a risk factor that contributes to cavities in children.

However, eating bran flakes with raisins containing no added sugar does not promote more acid in dental plaque than bran flakes alone, according to new research at the University of Illinois at Chicago College of Dentistry.

Some dentists believe sweet, sticky foods such as raisins cause cavities because they are difficult to clear off the tooth surfaces, said Dr. Christine Wu, professor and director of Cariology Research at the University of Illinois at Chicago College of Dentistry and lead investigator of the study.

Nevertheless, studies have shown that raisins are rapidly cleared from the surface of the teeth just like apples, bananas and chocolate, she said.

In the study, published in the journal Pediatric Dentistry, children ages 7 to 11 compared four food groups — raisins, bran flakes, commercially marketed raisin bran cereal and a mix of bran flakes with raisins lacking any added sugar.

Sucrose, or table sugar, and sorbitol, a sugar substitute often used in diet foods, were also tested as controls.

Children chewed and swallowed the test foods within two minutes. The acid produced by the plaque bacteria on the surface of their teeth was measured at intervals.

All test foods except the sorbitol solution promoted acid production in dental plaque over 30 minutes, with the largest production between 10 to 15 minutes.

Wu said there is a well-documented danger zone of dental plaque acidity that puts a tooth's enamel at risk for mineral loss that may lead to cavities.

Dr. Achint Utreja, a research scientist and dentist formerly on Wu's team, said plaque acidity did not reach that point after children consumed 10 grams of raisins.

Adding unsweetened raisins to bran flakes did not increase plaque acid compared to bran flakes alone.

However, eating commercially marketed raisin bran led to significantly more acid in the plaque, he said, reaching into what Wu identified as the danger zone.

Plaque bacteria on tooth surfaces can ferment various sugars such as glucose, fructose or sucrose and produce acids that may promote decay.

Sucrose is also used by bacteria to produce sticky sugar polymers that help the bacteria remain on tooth surfaces, Wu said. Raisins themselves do not contain sucrose.

In a previous study at UIC, researchers identified several natural compounds from raisins that can inhibit the growth of some oral bacteria linked to cavities or gum disease.

The study was funded by the California Raisin Marketing Board and the UIC College of Dentistry. DT

(Source: UIC College of Dentistry)

Tell us what you think!

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Medical-dental health links continue to build

By Fred Michmershuizen, Online Editor

New evidence shows improvements in oral health can have a positive impact on reducing atherosclerosis, or plaque, in arteries.

The science behind why a diseased mouth puts one at a higher risk for numerous systemic disease, such as heart attack, stroke, Alzheimer's disease and some forms of cancer, continues to build.

As more dentists and physicians become aware of how this affects their patient's general health and medical condition, the public's expectations of the role their dentist plays in health will likely shift.

"Almost a hundred years ago there were a few dentists and physicians who were very forward thinking who postulated that dental disease could actually impact general health," said Dr. James McAnally, CEO of Big Case Marketing, a marketing and case acceptance consulting firm for dentists with advanced clinical training.

"Unfortunately, at that time, quackery in medicine and dentistry was being fought, and valid lines of questioning were rejected instead of explored, delaying the study of what relationships were present between the mouth and entire body."

McAnally offered his remarks during an interview about the role of the dentist and heart health with Dr. Dean Vafiadis, a New York-based prosthodontist, on New York City Cosmos radio FM 91.5 WNYE.

"In our current environment, thanks to professional rigidity and failure to change the existing standards of care rapidly, regardless of the science, most dental schools and state dental licensing boards are artificially slowing the progress of advances in understanding of disease relationships from benefiting the general population's health," McAnally said.

Vafiadis, McAnally and many other dentists are on the forefront of putting the information needed in front of the lay public so they can be informed as to what they should be hearing from their local dentist.

"The recent report out of Case Western University where doctors found the exact same strain of bacteria from a 35-year-old California woman's infected gums in her stillborn baby serves as a vivid example of a direct systemic infection resulting from an oral infection," McAnally said.

"While that makes for good headlines, the headline that isn't being put out there is the literal millions in the population who will suffer more whole body disease, worse whole body disease and a potentially shortened lifespan simply as a consequence of what their dentists aren't talking to them about."

As part of the interview, the Medical-Perio Referral Program, designed for general dentists, periodontists, oral surgeons and prosthodontists, which allows an easy facilitation of the physician-dentist relationship to improve patient health in both environments, was also discussed.

"This is really a two-way street that benefits every patient," McAnally said. "If patients go to a dentist that is part of the referral program, they know they are under the care of someone who understands the links in health and how to do everything the current science shows is effective to help the patient become healthier and stay healthier.

"Furthermore," he said, "by improving the referral relationship between the family practice physicians and cardiologists and the dentist, more medical patients with serious medical conditions are likely to receive appropriate dental treatment to reduce dental disease's effects on their systemic health. Everyone wins. For some dentists, this referral model literally recreates the entire focus of a practice."

Dentists or medical doctors interested in the Medical-Perio Referral Program can contact Big Case Marketing at *info@BigCaseMarketing.com,* call (206) 601-6754 or visit *www.MedicalPerio.com.* DT

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Meanwhile, the jobs situation may also be starting to improve. The Labor Department reported Feb. 5 that the American unemployment rate dipped from 10 percent to 9.7 percent in January, causing some economists to speculate that the worst job market in at least 25 years may at last be getting better.

According to a recent report from Robert W. Baird & Co., a dental equipment rebound at the end of 2009 was continuing into January and the demand for dental consumables was picking up slightly.

"We continue to believe slow/steady recovery in 2010 will lead to more normalized industrywide performance in 2011," stated the report, titled "Dental Market Rebound Continues in January, 2010 Optimism Growing."

The report offered several specific signs of optimism for the dental products sector, including the following:

Dental consumables demand is not just stable, but slightly improving, the report said, as volumes are flat to up slightly and 1 to 2 percent price increases are sticking.

For distributors, a modest rotation away from telesales and Internet distributors back to value-adds seems to be occurring, while manufacturers seem to be benefiting from modest restocking at distributors and dental offices.

At the recent Yankee Dental Congress in Boston, exhibit hall booth activity was "generally upbeat," the report said.

"All in, we continue to believe 1 to 3 percent domestic dental consumables market growth in 2010 remains a reasonable assumption, with the upper end of that range possible if December/January trends persist throughout the year," the report said. DT

Fight oral cancer!

Did you know that dentists are one of the most trusted professionals to give advice?

Thus, no other medical professionals are in a better position to show patients that they are committed to detecting and treating oral cancer.

Prove to your patients just how committed you are to fighting this disease by signing up to be listed at *www.oralcancerselfexam.com.*

This new Web site was developed for consumers in order to show them how to do self-examinations for oral cancer.

Self-examination can help your patients to detect abnormalities or incipient oral cancer lesions early.

Early detection in the fight against cancer is crucial and a primary benefit in encouraging your patients to engage in self-examinations.

Secondly, as dental patients become more familiar with their oral cavity, it will stimulate them to receive treatment much faster.

Conducting your own inspection of patients' oral cavities provides the perfect opportunity to mention that this is something they can easily do themselves as well.

You can explain the procedure in brief and then let them know about the Web site, *www.oralcancerselfexam.com*, that can provide them with all the details they need.

If dental professionals do not take the lead in the fight against oral cancer, who will?

And in the eyes of our patients, they likely would not expect anyone else to do so — would you? DT

Are new patients tripping over your phone line?

By Sally McKenzie, CMC

It's the usual busy day in the dental practice. The phone is ringing. Patients are flowing in and things are moving along smoothly. Sure there's a cancellation or two and maybe an emergency. As the dentist passes the front desk, he hears Linda, the business assistant, wrapping up a conversation.

"No, I'm sorry, we don't." We don't what? What don't we do that someone wants to know about? The dentist makes a mental note to follow-up with Linda. He's overheard her give similar replies in the past and meant to ask her about it before.

Here's what the dentist didn't' hear …

Linda: *Good morning, Dr. Stanton's office, Linda speaking.*

Carolyn: *Hello Linda, my name is Carolyn Samson. I recently moved to town and I was just calling to find out if the doctor is accepting new patients.*

Linda: *Yes, he is, although the schedule is pretty full right now.*

(Without even realizing it, Linda is sending a message to this prospective patient that she might not be welcome in the practice. It's already a busy place and Linda doesn't know how the office is keeping up with the patients it has, let alone encouraging any new patients to join. That comes through loud and clear to the caller.)

Carolyn: *Do you offer any Friday afternoon appointments?*

Linda: *No, I'm sorry, we don't.*

(Silence ensues for a few moments while Carolyn waits for another option from Linda, but none is offered.)

Carolyn: *OK, thank you. Goodbye.*

To Linda, this is just a routine inquiry — nothing special, and she doesn't think much about it. After all, there's no established protocol. She's just answering questions as they come in.

No, the practice doesn't offer Friday afternoon appointments because the office is closed, but perhaps the practice offers Wednesday evening appointments or Saturday morning appointments.

Alternatively, perhaps the practice sees new patients at a specific time of day so that the dentist can spend quality time with the patient and is less likely to be interrupted with emergencies or oral hygiene exams.

Yet, Linda makes no effort to offer possible alternatives or to educate the patient on the options and why they would be worth considering. She simply answers the questions the prospective patient asks and feels she's done her job. It's a common scenario because few practice employees are trained to properly handle phone communication.

Meanwhile, dentists go about performing dentistry and seldom give those perfunctory phone duties a second thought. In fact, only 12 percent of dentists believe the telephone has a major impact on their practice even though it is typically the only point of entry for new patients.

In addition, only 5 percent of practice staff is trained to properly handle patient phone calls. The vast majority simply wing it.

The irony is that while dentists typically place little importance on the telephone, this is the make it or break it point of contact in the opinion of most patients. It is through the telephone conversations with your office that prospective patients begin to assess the competency of the dentist and team and whether this practice deserves their business and that of their families.

In today's consumer-driven dental marketplace, the old cliché that you only get one chance to make a first impression couldn't be truer. If your practice doesn't measure up, chances are very good that prospective new patients will be moving on to the next office on their list, and this loss is yours.

In fact, if poor telephone protocol causes your practice to lose just 20 new patients a month and each would spend an average of $1,000 on dental care a year, that's 240 patients and nearly a quarter of a million dollars.

But it's usually not until dentists start feeling the effects of poor phone communication in the form of scheduling problems, fewer new patients, no shows, financial strain, etc., do they begin to question just how those perfunctory phone duties are handled.

Have you been disconnected?

How well does your team manage phone calls from current and prospective patients? The truth is you don't know until you hear both sides of the conversation.

In the medical community, "mystery shoppers" have been used for several years. Dentistry is embracing the concept as more practices have come to realize that they are profoundly dependent upon a satisfied patient base.

McKenzie Management has developed a telephone assessment protocol in which a professionally trained and certified "mystery shopper" makes multiple calls to a dental practice and assesses the effectiveness of the team's telephone skills.

The calls are recorded and the dentist has the opportunity to hear firsthand what is transpiring between his/her staff members and prospective patients. What we are finding is that dentists are often very surprised by what they hear and, unfortunately, not in a pleasant way.

Dentists really cannot judge how well their staffs handle telephone communication until they hear it firsthand. Does the business team use proper phone etiquette and correct grammar? Do patients have to wait too long on hold or for someone to answer?

How does the staff handle questions and requests for information? What are the staff's tone, attitude and demeanor? Do staff members come across as welcoming and helpful or annoyed and rushed? Most importantly, how many new patients might be lost month after month because of inadequate telephone protocols?

While the reality of how phone calls are commonly handled can be an unpleasant shock, we also find that it tends to be a major incentive for dental teams to identify exactly where protocols can be established so that the practice can make improvements right away.

Oftentimes, very capable dental employees unwittingly drive new patients away because they simply haven't been trained, and educating staff on effective telephone communication can significantly improve their approach. Moreover, it can prevent the loss of hundreds of patients and tens of thousands of dollars every year. However, it doesn't stop there.

Callers expect follow-through

Another element of effective telephone commu-

→ continued

Diagnose this ...

Welcome to a new topic area among the pages of Dental Tribune!

The thanks for this new topic area go to a number of oral pathologists who seek to expand their role in the dental community by writing for Dental Tribune.

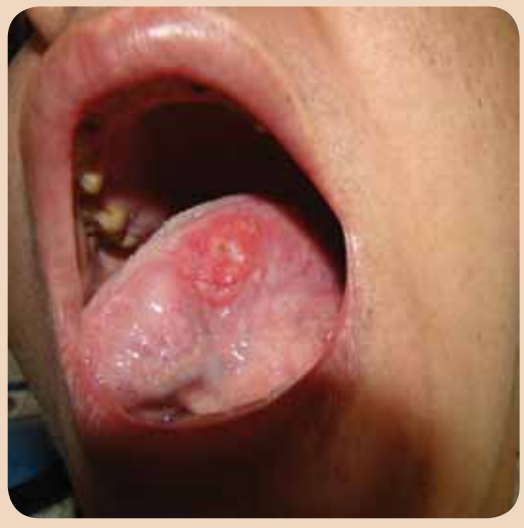
These authors will provide us with selected case studies to help educate our readers about the various oral pathology situations they might encounter in daily practice.

We hope you enjoy this new topic area and welcome your feedback at *feedback@dental-tribune.com.* DT

Identify the ulcer

The patient presents with an ulcer on the left lateral border of the tongue. The patient noticed the ulcer — which causes pain and a burning sensation when eating — about three months ago. The patient has smoked five cigarettes a day for the past seven years.

Clinical examination of the lesion shows that the ulcer is reddish-grey in color with slight sloughing, inflamed margins, a firm and indurated base and about 2 x 2 cm in size.



Which type of ulcer is this?
a) Tuberculosis associated ulcer
b) Traumatic ulcer
c) Squamous cell carcinoma
d) Apthous ulcer
e) Herpetic ulcer

(See page 6 for the answer)

← continued

nication is follow-through. Take the example of Carolyn Samson who tried to get an appointment in Dr. Stanton's office.

She calls your office again and requests that information be sent to her home about the dentist and what the practice has to offer. She's also interested in any literature on whitening and implants. Ms. Samson is a professional.

Any service purchased — whether it's service for her car, her home or her oral health — is purchased only after careful research and evaluation.

Your business assistant is busy with a number of things on this Monday morning. She quickly jots down Ms. Samson's name and address and promises to mail the information out as soon as possible.

In this instance, as soon as possible is about three months later when your business assistant happens upon the scrap piece of paper with her note to "send practice info, whitening, implants to Carolyn Samson, 222 Green Street." Prospective new patient Ms. Samson has likely already found her new dentist by this time.

All the superior dentistry you have to offer cannot make up for a lack of follow-through on the part of your staff. The experience that prospective new patients have when they call your office is the make it or break it opportunity.

It doesn't matter if they know you personally. It doesn't matter if they've heard you're fantastic from their colleague or personally seen your work and been wowed by it.

If the front desk is too busy to take the time to make prospective patients feel valued and welcome, if the material they request is never received, if they simply don't get the impression that their investment in your practice will be appreciated, they are not likely to bother making the appointment.

For most practices, just being aware of how prospective new patient inquires are handled is a big step in the right direction. Start paying attention. Keep a list of the types of questions and requests the practice receives and discuss how the office responds to these.

If patients are asking for information that you don't have readily available, establish a timeline to create the necessary informational materials. Establish a protocol for handling all inquiries, including calls from new patients seeking appointments, calls from prospective patients seeking information about the dentist, the practice, procedures offered, etc.

Prospective patients who request information must be sent the material the day the request is made — not the next day, not at the end of the week, not when the business team gets around to it — the day they ask for it.

Consider including additional information about the practice such as the dentist's commitment to providing the best possible care for patients; information emphasizing specific qualities about the practice that set it apart from others; dentistry for the entire family; painless dentistry techniques; cosmetic dentistry; sedation dentistry; a commitment to never make the patient wait more than five to 10 minutes, etc.

Prospective patients are giving you permission to market your practice, to educate and inform them. They expect it and they want to know what you have to offer. Make the most of it.

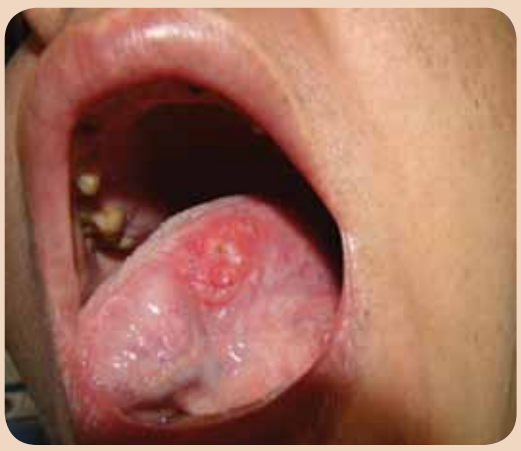
If ever there were a perfect occasion to sell the practice and the services offered, it's when prospective new patients call your office. They are interested, ready and willing to learn more.

Make sure that your frontline is well trained and prepared to welcome every caller to your practice and you'll ensure that prospective new patients don't get tied up in your phone lines. DT

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist's Network Newsletter at *www.thedentist snetwork.net;* the e-Management Newsletter from *www.mckenzie mgmt.com;* and The New Dentist™ magazine, *www.thenew dentist.net.* She can be reached at (877) 777-6151 or *sallymck @mckenziemgmt.com.*

Identify the ulcer (the answer)



Which type of ulcer is this?
a) Tuberculosis associated ulcer
b) Traumatic ulcer
c) Squamous cell carcinoma
d) Apthous ulcer
e) Herpetic ulcer

Answer:
c) Squamous cell carcinoma

Factors that point to OSCC

- Persistent for more than two weeks
- Associated habits (tobacco use)
- Indurated base
- Absence of general signs and symptoms (i.e., fever, pulmonary signs)
- No evidence of any injury

Please circle all the aetiology/aetiologies of an oral ulcer (answer is at the end):
a) Physical and chemical trauma
b) Infection
c) Malignancy
d) Malnutrition
e) All of the above

How to rule out other aetiologies

Tuberculosis associated ulcer
Oral tuberculosis is very rare and when present it is usually secondary to pulmonary tuberculosis and may pose a diagnostic problem.

- Coexisting pulmonary disease
- Other signs and symptoms of tuberculosis
- Ulcer
  1. Irregular edges and minimal induration
  2. Granular or covered with pseudomembrane
  3. Most often painful

Traumatic ulcer
Diagnosis based upon history (biting, denture irritation, drugs, e.g., aspirin).

- Ulcer
  1. Generally diagnosed at acute stage
  2. Shallow base and non-raised margins
  3. Mildly painful

Recurrent apthous ulcer
One of the most common ulcers seen in the oral cavity, commonly misdiagnosed and poorly understood.

- Recurrent, one or more at a time
- Types: Minor (1 cm), major (>1 cm) and herpetiform (pin-head size)
- No prodromal symptoms, takes days to months to heal
- Begins at adolescent age and frequency decreases with age

Herpetic ulcer
It's a viral infection, afflicts most of the population; sub-clinical or clinical infection.

- Numerous, pin-head sized vesicles in the beginning that collapse and coalesce later to form large shallow and irregular ulcer
- Very painful
- Associated prodromal symptoms
- Types: acute (commonly seen at an early age); recurrent (often seen in the immunocompromised and may solely present as *herpes labialis*) DT

Answer: (e) All of the above should be circled.

Digging deeper into oral pathology ...

Let's explore your knowledge about oral squamous cell carcinoma (OSCC).

Mark true (T) or false (F) next to the following questions:

1. Five-year survival rate is 50 percent
2. Commonly seen above the age of 40 years
3. Most commonly associated with chronic trauma
4. Can present both as endophytic and exophytic growth
5. Ulcers (endophytic pattern) commonly present with rolled borders
6. Precancerous lesions may or may not be seen
7. OSCC of the soft palate and oro-phayrnx are easiest to diagnose
8. Most common site is tongue
9. Clinical evaluation should include TNM classification (T = tumor size and how far it has spread; N= spread to the lymph nodes; M = metastasis)
10. Final diagnosis is a histological (biopsy)

Please choose the correct answer:

11. If treatment of intraoral SCC is guided by the clinical stage (TNM), which consists of:
    a) Wide (radical) surgical excision
    b) Radiation therapy and chemotherapy
    c) Surgical excision and chemotherapy
    d) Combination of the above

Discussion

Squamous cell carcinoma of the mouth constitutes the sixth most common cancer worldwide, and the third most common in developing countries, with evidence of an increase in incidence and mortality, particularly in young adults.

It accounts for more than 90 percent of all oral malignancies.

Patients with oral cancer generally do poorly, with the five-year survival rate for carcinomas of the tongue and floor of the mouth being less than 40 percent.

The most important risk factors for oral carcinogenesis remain tobacco and alcohol.

Apart from the risk factors, the possibility of a genetic predisposition has also been suggested.

Many oral carcinomas are preceded by clinically evident premalignant lesions. DT

Answers
1: True; 2: True; 3: False; 4: True; 5: True; 6: True; 7: False; 8: True; 9: True; 10: True; 11: d

About the author

Dr. Monica Malhotra is an assistant professor at the Sudha Rustagi Dental College in India and also maintains a private practice.

Malhotra completed her master's in oral pathology at the Manipal Institute, India, in 2009.

In 2008 she was presented with a national award for the best scientific study presentation by the Indian Association of Oral and Maxillofacial Pathology.

You may contact her at *drmonicamalhotra@yahoo.com*.

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Practice transition planning

This is part 1 of a two-part series on this topic

By Eugene Heller, DDS

For most dentists, ownership of their dental practice is the major focus of their energy expenditures, financial situation and professional lives.

Years of blood, sweat and tears, coupled with the relationships formed with both staff and patients, have caused dentists to form a deep-seated emotional attachment with their practice.

For many, the dollar value of that practice represents a significant portion of their financial assets.

For the new dentist, there is a definite value in acquiring the patient base that has taken the transitioning dentist years to develop and will provide an immediate and substantial cash flow.

All experience transition

Whether it is due to a change in career direction, a desire to cut back on the responsibilities of ownership while still enjoying the benefits of clinical dental practice or the desire to retire from dentistry, every practice owner faces an ownership transition.

Ownership transition can be a total sale or a partial sale, that is, the formation of a partnership. The level of success achieved as a result of this practice transition will be directly linked to the amount of detail given to, and the successful execution of, the "Transition Plan."

A buyer's market

Decreased dental school enrollments and other demographic factors have created an imbalance in the numbers of graduating versus retiring dentists.

This trend, which will continue for at least the next 10 years, has contributed to falling dental practice sale prices, and has created a buyer's market.

This dental work force shortage has made finding dentists to serve in more rural dental practices, which are difficult to market, almost impossible. These changes in the marketplace relative to practice transitioning have made advance, detailed transition planning mandatory.

Goals of a successful transition

Before discussing the development of a transition plan, a brief discussion of the goals of transition is required. In addition to identifying the actual goals, each dentist will need to assign an order of priority to these goals.

This prioritization will have a significant impact on certain aspects of the transition plan. The most common goals discussed by dentists include:

(1) In accordance with their preferred timetable, a desire to transfer patient care responsibility.

(2) Securing future employment for their staff and giving back to the profession by passing the baton to a new dentist.

(3) Maximizing their practice equity (financial gain from the sale).

There is no right or wrong order to the priority emphasis. The economic health of the transitioning dentist will usually determine the order of the priorities.

If the practice sale proceeds are a significant portion of the dentist's retirement assets, then maximizing the financial return will be at the top of the list.

If the clinician has a well-funded pension plan or other financial resources, and the sale proceeds will enhance the quality of retirement rather than providing the primary support for retirement, the order of importance will typically be the desire to provide continuity of patient care, ongoing employment and passing the baton, where maximizing the financial gain appears at the end of the list.

Factors affecting successful transitions

Prior to discussing the components of a transition plan, it will be useful to understand what is presently occurring in the transition marketplace. For a successful transfer of ownership, we must first have an interested new dentist.

Subsequently, location is at the top of the list relative to a new dentist's interest in a specific practice opportunity.

As previously discussed, rural practices, although typically more profitable than big city practices, are having serious recruitment problems.

Ninety percent of all practice sales today are in communities with populations of 50,000 or more, and 80 percent of these sales are in cities where the metro population exceeds 500,000.

The second factor is the practice's ability to meet the financial needs of the new dentist. As a result of current levels of dental school-related debt, the new dentist must meet specific levels of production to pay for the practice acquisition, school loans and basic living expenses.

Therefore, a practice needs to provide, on the average, $300,000 worth of production for an employed dentist, and $400,000 worth of production if the dentist is purchasing a practice.

It is for this reason that 85 percent of total practice sales involve practices with gross receipts of $350,000 to $500,000.

While the highly productive and profitable practices of today frequently exceed $500,000 in annual receipts, the average new dentist (five years or less since graduation) does not possess the clinical skills required to produce this level of dentistry, and subsequently, sales trend toward the lower grossing practices.

After finding a suitable location and determining that the practice will provide for the financial needs of the new dentist, the new dentist will consider a multitude of other factors in selecting one opportunity over another.

The major factors considered include:

(1) the practice's overhead to revenue percent,

(2) number of active patients,

(3) new patient flow,

(4) recall system effectiveness.

In addition:

(5) quality and length of the staff's prior employment,

(6) practice history,

(7) types of procedures previously offered and/or produced,

(8) involvement in any discounted dental plans,

(9) appearance of the physical space occupied by the practice, and

(10) the age, type and appearance of the equipment and furnishings will play a major role in the selection process.

The 10 items listed above represents the major concerns and factors reviewed by the new dentist.

However, the owner dentist is concerned with:

(1) the ability of the new doctor to pay for the practice — obtain financing with all the school debt, the tax implications and subsequent net proceeds derived from the sale,

(2) the personality and ability of the new dentist to relate to patients and staff,

(3) the amount of post-sale relationship required between the seller and buyer, and of course,

(4) the new dentists' clinical competence.

With the exception of the final concern, the other factors can be readily determined and resolved.

Today, 100 percent owner financing is readily available, the tax implications can be calculated and, typically, several meetings with the new dentist will address the communication skills and personality of the new dentist. DT

About the author

Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both state dental associations and numerous dental schools. Heller is the national director of transition services for Henry Schein Professional Practice Transitions. For additional information, please call (800) 730-8883 or send an e-mail to *ppt@henryschein.com.*

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